Some interesting HIPAA items....
Ken

Major CA Meetings In The Next Few Weeks
[hipaalive] HIPAA conference
[hipaalive] GENERAL: Audit Trails for alterations
[hipaalive] Impact of HIPAA On State Departments of Social Services
[hipaalive] RE: PRIVACY: HIPAA Training Requirements

***************** Major CA Meetings In The Next Few Weeks ****************************
2/14   EDS Toolkit Presentation, Auditorium, 744 P Street,
                     Sacramento, 1:30 - 3:00 (1/29 e- mail)
2/15   HIPAAction 2001 AudioConference, Feb 15, 2001,
                     from 1:00 - 2:30 p.m. (Eastern)
                     register at: www.hipaadvisory.com/action/signup
2/16   Are You Ready to Meet The HIPAA Requirements,
                     10:00 - 11:30, Audioconference by
                     Manisses Communications Group, www.manisses.com,
                     focus is Mental Health & Addiction Prof's
2/19-21   HIPAA Success Task Group, in Chicago,
                     see: http://www.wedi.org/public/calendar/
2/22   Lee Barrett Presntation by CBSI, , 744 P Street,
                     Sacramento, 9:00 to 11:00
2/24-28   Phoenix Meeting, Transactions & Code Sets,
                     see www.ncpdp.org - DHS participating
2/26   HIPAA Workgroup Meeting, Auditorium,
                     744 P Street, Sacramento, 1:30 - 3:00

************* [hipaalive] HIPAA conference **********************
>>> Jeanie_Lombardo@horizon-bcbsnj.com 02/08/01 04:03AM >>>
HIPAA conference
April 17-19 at the Hyatt Regency LaJolla at Aventine. You can find out
more on their site www.wedi.org.

Jeanie Lombardo
Horizon BCBSNJ

************* [hipaalive] GENERAL: Audit Trails for alterations **********
>>> tom.hanks@beaconpartners.com 02/07/01 10:56PM >>>
The Privacy rule appears to give plenty of leeway not to track when accounts
are accessed - see page 82739 where the comments in the privacy rule
anticipate that audit trails will record alterations to the record - not
necessarily views or usage.

Thanks,
Tom Hanks
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******* [hipaalive] Impact of HIPAA On State Departments of Social Services ************
A major point made in the note is that all DSS's operate different than those in other states and their functions need to be
evaluated for potential impacts.
>>> ApgarC@providence.org 02/08/01 07:46AM >>>
Hoyt,
Many state social service departments also act as the
Medicaid agency for their respective states. As such, they operate "health
plans" as defined under HIPAA and, for those activities, are covered
entities. This means states need to move to the standard electronic
transactions & code sets, are subject to the data security/privacy
provisions and will need to implement national identifiers.

Not all activities conducted by state social service

agencies are covered. As an example, if child protective services is a part
of the state Medicaid agency (as it is in Oregon), that activity is not
covered under HIPAA. I think each state needs to evaluate a variety of
social service related programs and determine if they are "health plans" or
"health care providers" (i.e., public nurses, clinics, etc.) and plan
accordingly.

One of the big hits will come in the area of local code
sets. States use a number of local codes and, in the final rule, the US
Department of Health & Human Services (HHS) was rather adamant about the
complete elimination of local codes. I know 41 or 42 states are currently
collaborating on translating those local codes to an already defined
national code or adding it to the list of codes that need to be added to
national code sets. HHS has committed to creating new HCPCS codes to
accommodate this group. They have also indicated that states that don't
choose to participate with this group may find themselves low on the
priority list when it comes to creating new national codes to accommodate
the demise of local codes.

The bottom line is social service agencies need to determine
what programs are covered under HIPAA and work with state & federal partners
(public & private) to develop HIPAA compliance implementation plans. We are
working closely with the Oregon Department of Human Services Office of
Medical Assistance Programs to develop and implement such a plan. It helps
when contractors and the state agency collaborate. The end result is
something that is standard, likely complies with HIPAA and is workable on
both sides of the aisle.

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> Data Security & HIPAA Compliance Officer
> Providence Health Plan
> Phone: (503) 574-7927, X-47927

********** [hipaalive] RE: PRIVACY: HIPAA Training Requirements ******************
>>> cjackson@mcare.med.umich.edu 02/08/01 11:20AM >>>
I really think "training" needs to be broken into bite size pieces,
especially when an organization has many levels of people, from clerks to
VPs with Ph.Ds. I've found that most people have little or no awareness of
HIPAA, and since we're not sure yet where, when and how we might change
policies, procedures, and/or technology, true training seems a bit
premature. I would recommend starting with a basic awareness campaign, and
save the heavy hitting training for down the road.

I am very close to completing a HIPAA awareness "road show" by visiting
various department and team meetings around our company. The purpose of
this was not to train necessarily, but to:

1. make people aware of what HIPAA is,
2. garner interest for participating in and providing information during
our upcoming assessment (I feel very strongly that the employees closest to
the work are the best at providing a true picture as to how our current
practices fall in line with HIPAA.)
3. get people thinking about how HIPAA will affect the way they do their
work.

My presentation was blessed by senior management (very important), fairly
basic, done in PowerPoint, included a mix of graphics/clip art and text, and
took about 30 minutes. One thing I found to be very helpful was to test my
presentation "in my own backyard" first. My department colleagues, most of
which are middle level folks, but not managers, urged me to cut out some of
the detail, and focus on the basics like what HIPAA is, how it may possibly
impact the company, why it's good for the company (that was a tough sell,
but I think I did it) and what our approach will be over the coming months.
As I've presented it each time, I've tried to verbally customize it and
relate examples to the particular group (ie customer service vs the HELP
desk folks) to somewhat avoid the one-size-fits-all issue. After completing
18 of 20 meetings so far and getting very positive feedback from various
attendees, it appears that I've accomplished the objectives noted above.
Yes, I could tell that some folks were bored, because they are already
acutely aware of privacy due to their particular job function, and others
had that look of "huh?" But for the most part, I'm being told that it was

very helpful just to get a clarification of this piece of HIPAA vs. the portability piece that's been around a while.

In addition to the road show, I will also have an article coming out in our employee newsletter.
Overall, I view this initial awareness campaign as the first step in a line of different training and awareness activities.

I know that this was a lengthy post, but I hope it helps to hear what seems to have worked in our health plan environment.

Cathy Jackson
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M-CARE
Ann Arbor, Michigan

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